STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000084	A. BUILDING: _____ B. WING _____	C 06/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE NORTH	11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00129246. Complaint IN00129246 substantiated. No deficiencies related to the allegations are cited. Survey dates: June 14, 17 2013 Facility number: 000084 Provider number: 155167 AIM number: 100284600 Survey team: Chuck Stevenson RN Census bed type: SNF: 39 SNF/NF: 55 Residential: 81 Total: 175 Census payor type: Medicare: 25 Medicaid: 45 Other: 105 Total: 175 Sample: 3 Westminster Village North was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00129246. Quality Review 06/18/13 by Lisa McColly	R 000		